

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name Governor's Office Division, Department, or Region (if applicable) Street Address State Capitol Area Code/Phone Number E-mail (916) 445-0873 Agency Contact (name and title) Dan Maguire, Deputy Legal Affairs Secretary		Date Stamp California 801 Form For Official Use Only
		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)

2. Donor Name and Address

☐ Individual _____ ☒ Other Hyatt on Capitol Square
 Last Name First Name Name
75 East State Street Columbus OH 43215
 Address City State Zip Code

hotel
 If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

If applicable, identify the name of each source and the amount(s) solicited or received by the donor for this gift:
 _____ \$ _____ Name \$ _____ Amount

3. Payment Information

Date and Amount of Payment (other than travel) 03/08/09 \$ 168
 (month, day, year) (Round to whole dollars)

Travel Payment Information (Round to whole dollars) Location of Travel Columbus, Ohio

3/6/09 - 3/8/09 \$ 0 \$ 168 \$ 0 \$ 0 \$ 168
 Date(s) of Travel Transportation Expenses Lodging Expenses Meal Expenses Other Expenses Total Expenses

Provide a specific description of the nature and use of the payment for official agency business:

The Hyatt Hotel in Columbus, Ohio provided lodging for a Governor's Office employee who was staffing the Governor during an event (the Arnold Sports Festival) he attended in Ohio.

Identify the officials for whom the payment was used:

<u>Ketchell</u>	<u>Daniel</u>	<u>Assistant to the Governor</u>	
Last Name	First Name	Title	Department/Division
_____	_____	_____	_____
Last Name	First Name	Title	Department/Division

4. Verification

I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described above.

[Signature] Will Fox Deputy Chief of Staff 4/2/09
 Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: (Use this space or an attachment for any additional information.)